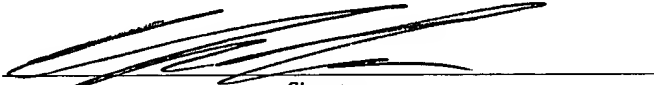
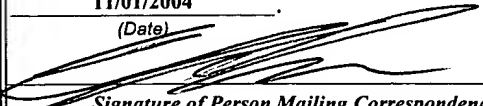


1617

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)				Docket No. 3874-128 US	
In Re Application Of: LUTZ et al.					
Application No. 09/488,298	Filing Date 01/20/2000	Examiner KIM, Jennifer	Customer No. 26817	Group Art Unit 1617	Confirmation No. 4242
Invention: NOVEL PODOPHYLLOTOXIN COMPOSITIONS					
<u>COMMISSIONER FOR PATENTS:</u> This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>July 28, 2004</u> above-identified application. <div style="text-align: center; font-size: small;">Date</div> The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input checked="" type="checkbox"/> One month</div><div><input type="checkbox"/> Two months</div><div><input type="checkbox"/> Three months</div><div><input type="checkbox"/> Four months</div><div><input type="checkbox"/> Five months</div></div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"><div>from: <u>October 28, 2004</u> <div style="text-align: center; font-size: x-small;">Date</div></div><div>until: <u>November 28, 2004</u> <div style="text-align: center; font-size: x-small;">Date</div></div> The fee for the extension of time is \$110 and is to be paid as follows: <div style="margin-top: 5px;"><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 13-2165. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 13-2165. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"><div style="width: 45%;"><div style="text-align: center; font-size: x-small;">Signature</div><p>Christopher S. Casieri, Esq. Reg. No. 50,919 Mathews, Collins, Shepherd & McKay, P.A. 100 Thanet Circle, Suite 306 Princeton, NJ 08540 Tel: 609 924 8555 Fax: 609 924 3036</p></div><div style="width: 50%; text-align: right;"><p>Dated: November 1, 2004</p><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p style="font-size: x-small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align: center;">11/01/2004 <div style="text-align: center; font-size: x-small;">(Date)</div></p><div style="text-align: center; font-size: x-small;">Signature of Person Mailing Correspondence</div><p style="text-align: center;">Christopher S. Casieri</p><div style="text-align: center; font-size: x-small;">Typed or Printed Name of Person Mailing Correspondence</div></div></div></div>					

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